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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Dislocation of the Humerus into the Axilla, occurring while Swimming.—John Mowlan, mate of a ship lying in the West India Docks, came to the Poplar Hospital, October 14, 1857, complaining of cramp in his arm. He stated that, having jumped off a plank too feet from the surface into the water, which he entered feet first, he immediately began swimming, and had struck out three or four times, when he felt his right arm suddenly give way, become painful and motionless, and that he would then have been drowned, had it not been for a piece of timber which he seized with his other hand. On examination of the arm, Mr. Brownfield, the House-Surgeon, found that he was suffering from a dislocation of the humerus into the axilla, which was immediately reduced. He was in good health, muscular, 38 years of age, and had never been the subject of dislocation before.

Mr. Brownfield has sent us the above note of this interesting case for publication. It would be instructive to know if others have met with the occurrence of the dislocation under similar circumstances.—*Med. Times and Gaz.*, Oct. 24, 1857.

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Dislocation of the head of the Femur on the Pubis during the act of Swimming.—C. W——, aged seventeen, a sailor, while swimming in the Serpentine, and in the act of "striking out," felt a catch in the right groin, which he thought was the cramp. He immediately made for shore. On landing, he found that he limped in his gait. He could walk a little the next day, but on the following day he was unable to walk, feeling his knee, as it were, drawn up. He was admitted into St. Mary's Hospital, under the care of Mr. Ure. He complained of great pain at the upper and inner part of the right thigh, aggravated on any attempt to move the limb; there was a fulness in the above situation. He also complained of

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pain referred to the outer side of the knee. Soothing means were employed to relieve the pain. Mr. Ure, after a careful examination, ascertained there was dislocation of the hip-joint forwards, upon the pubis. The least pressure on the ilio-pubal region gave great pain. The right buttock was flattened; there was a notable depression in the situation of the trochanter, instead of the usual prominence; the limb was shortened; the thigh and leg were both in a state of extension, the knee and foot rather everted.

On the 27th of August, after the patient was rendered insensible by chloroform, Mr. Ure flexed the thigh towards the pelvis, and then rotated it outwards, in doing which he felt a distant snap. The luxation was thus reduced, and the limb restored to its normal condition. To keep the joint quiet, a long splint was directed to be applied along the outer side of the limb.

Aug. 28th.—The patient had been free from all pain since five P.M. yesterday, and had continued perfectly comfortable up to September 3d.

The displacement was obviously due to the circumstance of the body being suddenly thrown backwards while the limb was on the full stretch during the act of "striking out." The pain was, no doubt, caused by the strain of the crural nerve, which lies over the neck of the bone. The shortening of the limb was owing to the elevated position of the head of the femur; the eversion, to the drawing action of the quadratus, obturator internus, &c., muscles. In this variety of dislocation, the head of the bone will be found either to have raised up the ilio-psoas muscles, or lodged behind the blood-vessels. The round ligament, according Hyrtl, is torn.

The patient left the hospital quite well in the first week of October.—*Lancet*, Nov. 7, 1857.

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Excision of the Elbow Joint eighteen years ago.—Some of the most instructive cases we meet with in the hospitals are those in which patients who have had operations performed long ago again present themselves. The other day Mr. Cock operated again upon a man whose elbow had been excised eighteen years ago by the late Mr. Key, on account of strumous disease. The man, who is now aged 45, and in good health, stated that he had enjoyed throughout the whole interval and until quite lately very excellent use of the limb. He had been employed as a letter-sorter. The motion had never been free, and latterly he had been attempting to work with it in a new position, and one which gave pain. As the result of this an abscess had formed, and there was now evidence of the existence of diseased bone. Mr. Cock removed some small necrosed fragments from the end of the humerus, and cut away others with the bone forceps. There is every prospect that the part will heal soundly, and that the triumph of conservative surgery will thus be further prolonged.—*Med. Times and Gaz.*, Oct. 24, 1857.

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Injurious Effects of Caustics in Cancer of the Tongue.—A case of an extremely painful nature, of cancer of the tongue, came under our notice on the 26th of May, at the Cancer Hospital, in a poor woman, aged forty-two years, from Camdentown. It had not been of long existence, and some short time back the disease was not bigger than the point of her finger, in the form of a tubercle. She was at this time seen by Mr. Lawrence, of St. Bartholomew's, who advised its removal. She, however, would not consent, but became a patient under Dr. Fell's care, and continued under him three months. During this time, he applied caustics to her tongue, generally about nine in the morning, and they were retained on till five in the afternoon, during which time she went without food. She suffered most horrible pain, and, to use the poor woman's own words, "the pain was so intense, that for three hours she could not see." Whilst under this treatment, the cancer increased to six times its former size, and now presents a deeply ulcerated and indurated surface at the right side of the organ, with much swelling and pain. She looks completely worn out from previous suffering. The first thing attended to at the Cancer Hospital in such a case, is to improve the general health by tonics and good diet, and accordingly cinchona and hydrochloric acid were ordered internally, with the use of a lotion of biborate of soda, half an ounce to the pint of water, and the local application of sulphate of copper. Dr. Marsden has found sulphate of copper and borax the only two substances of actual service in cancer of the tongue, and the moment their use is discontinued, the disease progresses.—*Lancet*, June 6, 1857.

Duration of Cancer.—A case of some interest presented itself at the Cancer Hospital on the 25th of August, in the person of a female, aged seventy four years, the subject of cancer of the left breast for twelve years. She had been a patient at this hospital since its foundation, with the exception of the last three years, during which time she had been in good health. She came to show an ulcerated tuberculous mass in the same breast, the size of a small pear; otherwise the disease had dried up and disappeared. She still looked a hale and hearty old woman.—*Lancet*, Sept. 5, 1857.

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Cancer in a Woman eighty years of age.—We saw, on the 6th of October, a woman, eighty years of age, at the Cancer Hospital, with well-marked scirrhus of the left breast, which appeared about a year ago. Notwithstanding her great age, she had the blooming, healthy cheeks of a country girl of eighteen; her general health was perfect, and under the use of tonic remedies, and soap-and-lead plaster spread on leather, with a little camphor, the cancer has diminished in size, and its progress is completely arrested for the present. This is by no means an exceptional case of the arrest of the progress of cancer at this hospital; for we have observed several in whom the disease has been kept stationary for years, with no other inconvenience than the presence of the tumour in the breast, and the knowledge on the part of the patient that it was still there. The soap-and-lead plaster is one of the principal agents in effecting this desirable object; the lead appears to possess some peculiar sedative influence on the disease.—*Lancet*, Oct. 24, 1857.

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Extreme Suffering from the Application of Caustics.—On the 3d of November, we were present at the Cancer Hospital when a woman presented herself for the first time for advice about a cancerous right breast, much enlarged and indurated, with a large excavated ulcer, discharging most offensively; with pain agonizing in the extreme. She looked worn out and exhausted from suffering, her countenance was wan, thin, and pale, and she was suffering from pain in the left as well as the right breast. Her name and address, which she had no objection to make publicly known, is Margaret Smith, residing at 1 James Street, Larkhall Lane, Vauxhall. Her age is forty-seven, and she has had cancer of the breast between eight and nine years. The tale, as related by herself, was to the effect that she had recently been a patient in the Middlesex Hospital, under the care of Dr. Fell, for her diseased breast. Whilst there, a powder was blown into the ulcer, which caused *dreadful pain*, and almost took her senses away. She nearly lost the use, she states, of the entire side from this powder, and it has affected her senses of smell, taste and hearing. The discharge becoming very offensive, a lotion was applied, without either correcting it or removing the pain; and thirdly, an ointment was applied, which she further observed "made her ten times worse." She thinks she was made a great deal worse—much worse than before she went into the hospital. She was in this hospital three months, suffering, as she herself describes, great torture.

This patient, we will observe, is only one example of a number who similarly complain, several of whom have become patients at this hospital, and whose cases we have referred to on two or three previous occasions.

The treatment adopted in such a case as this is of the most strengthening and generous character in regard to diet and regimen, so far as the constitutional powers will admit. Tonic remedies of dilute hydrochloric acid, conjoined with bark, and a little opium (although the latter is seldom used here), are administered almost as a rule; and lastly, and not the least important, a well-made carrot-poultice is applied three times a day.—*Lancet*, Nov. 14, 1857.

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Large Tumour of the Axilla.—A very remarkable example of an axillary tumour was presented to the notice of the pupils at King's College Hospital on November 7th, and which was submitted to an operation for removal by Mr. Fergusson. The patient was an elderly woman, the mother of several children, and at the present moment about six months *enceinte*. She became an inmate of the hospital about a week ago, when, on careful examination and attention to her history, Mr. Fergusson advised removal of the growth. It appears that she first noticed a nodule near the axilla six years ago, which slowly increased in size till up to six months ago, when its growth became somewhat rapid, so that a tumour the size of a cocoa-nut had now formed, which extended into

the axilla, forwards under the great pectoral muscle, and downwards and forwards towards the left breast. This last position gave it the appearance at first as if springing from the mammary gland; but a careful examination showed that it was a distinct mass, although in close proximity to it. Although the patient was in a pregnant condition, it was deemed best to remove it at once from the rapidity of its growth, and accordingly this was accomplished while she was under the influence of chloroform, administered by Dr. Snow. In commencing the operation, a large transverse incision was made over the tumor—the skin covering which was mottled with enlarged veins—cutting through the fibres of the pectoralis major muscle. This, however, was not found sufficient, and the fibres of the lesser pectoral were divided. The greater part of the tumour was detached with the fingers; but a projecting lobe extended upwards under and behind the clavicle, which was removed by the finger. At this point some care was requisite as Mr. Fergusson had immediately in front of his finger the subclavian artery and vein, and some large branches of nerves, and in the short space of four inches the course of the bloodvessels was exposed, the slightest wound of which would have caused some trouble to stop, as well as the risk of air entering the vein in such a situation. An artery was divided at the back part of the tumour, together with a nerve, which was believed to be the subscapular; it was the only vessel that required tying. Although the tumour was soft and friable, every portion of it was removed, and the wound was closed by stitches. In character it seemed to be fibro-plastic in a state of softening, and certainly resembled in many respects, as Mr. Fergusson remarked, tumours in the region of the parotid. Our hope is that it may not be malignant, and cause future trouble. In some parts of it there had evidently been effusions of blood.

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Prolapsus of the Uterus and Bladder.—On Saturday, the 22d Aug., a poor woman, whose uterus, bladder, and vagina were prolapsed between the legs, and hung down the size of a large cocoa-nut, was submitted to operative measures by Mr. Fergusson, at King's College Hospital. She had been a great sufferer for years, without getting any relief, the last three especially. He diminished the size of the external outlet by taking up a pinch of mucous membrane on the left side with a pair of forceps, dissecting it downwards with a scalpel to the fourchette, and up again on the right side, as we have seen him do several times. Interrupted sutures were applied, to bring the denuded surfaces together, by means of a common curved needle and thread, instead of the quill sutures applied with a needle fixed into a handle.

On the 4th of July, Mr. Fergusson also operated in a similar manner upon an unmarried female with procidentia. He observed on that occasion, in relation to that particular case, that her condition was somewhat unusual as occurring in an unmarried woman. In most respects, the operation, he said, was analogous to several which had been performed in the hospital. The womb, in this case, however, lay very low down, and the mucous membrane of the vagina was more than usually abundant. This is the fifth case of the kind we have had lately, he observed, and all the previous ones have made good recoveries. "You will observe that in this instance I have confined myself to the common interrupted suture, instead of the quill. I believe that this suture is quite as efficacious as the quill suture. In the last operation, you will remember, I employed two quill sutures and one interrupted, and as everything turned out favourably, I have this time used all stitches. In course of time, the parts lose their tense condition, the perineum becoming modified by the stretching it undergoes. However, my friend Mr. Baker Brown, of St. Mary's, has suggested that I am in the habit of closing the parts too extensively, and that it is advantageous for certain purposes to which these parts are applied by women not too far advanced in life that this should be kept in view. The previous cases will, of course, remain as they are, but acting upon the hint, I have, accordingly, in this operation, borne the suggestion in mind."

The operation of this day week has made the eighth done by Mr. Fergusson within a few months, and the seven previous have turned out well. It is one now becoming of a very common character.—*Lancet*, Aug. 29, 1857.

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Extirpation of the Eyeball.—The removal of an affected eyeball is now commonly practised to relieve the sympathetic disease commencing in the other eye, and has been

found in a great number of instances to be followed by the best results. This is the rule with Mr. Bowman, Mr. Critchett, and others, at the Ophthalmic Hospital in Moorfields.

Mr. Coote, at St. Bartholomew's Hospital, on the 26th of September, removed the eyeball of a man under such circumstances, whose history was a peculiar one. He served as a soldier in Scinde in 1843, and received a blow over his right eye with the butt-end of a musket, which dislocated the lens, and produced a traumatic or soft cataract. A surgeon operated on the eye, and acute inflammation ensued, with loss of sight for some years. The whole of the pupil was occupied by a layer of capsule. In the course of time the opposite eye became affected, and he complained of flashes of light in that eye; and as there seemed to be great danger of losing the sight of his sound eye, Mr. Coote thought he would remove the globe of the useless one, which he did on the 29th of September, under the influence of chloroform, by cutting through the conjunctiva with scissors, then the tendons of the muscles of the globe, and lastly the optic nerve. A section of the globe showed an effusion behind the retina, which was pushed as far forwards as the pupil. He observed that it was suggested to him to shave the anterior part of the eye off, and allow the globe to collapse, but he preferred complete extirpation.

We saw this man again on the 10th of October, and the improvement in the sight of the remaining eye was wonderfully restored. With this eye, from sympathy, on admission, he could distinguish nothing, and had constant flashes of light and black specks before him, and could not recognize anybody. Now the cornea is quite clear; he cannot only see well, but can read tolerably; there is still a faint redness before him. This case is a good illustration of the value of the practice adopted. On the 17th we found his sight still more improved.—*Lancet*, Oct. 24, 1857.

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Stimulant Treatment in Acute Pericarditis.—The following case, recently discharged from King's College Hospital, will furnish a good example of Dr. Todd's usual plan of treatment in the inflammations of acute rheumatism:—

A cachectic, pallid girl, of nervous temperament, was admitted on account of a mild attack of acute rheumatism. It was the first she had had. Alkalies were ordered, according to the usual plan, namely, fifteen grains of the bicarbonate, and five of the nitrate of potash, every four hours. On the third day a well-marked pericardial friction-sound was heard. Opium in grain-doses every four hours was now added to the alkaline treatment, and eight ounces of brandy daily were allowed. The symptoms of pericarditis rapidly became very severe. She had great pain; much dyspnœa; pulse 140; respirations often 60 in the minute. A week later pneumonia of the right lung set in. The brandy was now increased up to ℥xij, and ultimately to ℥xv, and in place of the alkaline mixture one containing ammonia and chloric ether was given. Two days later pneumonia of the left lung showed itself. On the left side the pneumonia became very extensive. Throughout this the friction-sound was heard over the entire heart, and was very loud. No head symptoms showed themselves. There had been in the outset a suspicion of an endocardial bruit, but if it existed it became so masked by the pericardial rubbing that it could not be detected, and had ceased before the latter disappeared. The patient, when the turn was once taken, made a rapid recovery. The pneumonic dulness entirely disappeared, and she left the Hospital to all appearance quite well at the end of a month. During a week of the worst, her life had been in great and hourly peril. Throughout no remedies of an antiphlogistic class had been given, no leeches used, no blisters employed. The only form of counter-irritant applied was turpentine stupes, which, on the supervention of the pneumonia, were freely used. Our readers will, probably, agree with us in considering the above an example of very bold consistency. Dr. Todd is, perhaps, the most thorough-going of the revived Brunonian school connected with our London Hospitals. With regard to rheumatism in particular, we believe that he does not claim for the stimulant treatment any power of cutting short the inflammations, but that it prevents the patient from sinking under them, and enables him to convalesce much more rapidly than if depletion had been adopted. We have quoted the case as a fair illustration of the practice of one of our leading consulting men, a most sagacious physician, and an accomplished physiologist. We do not venture to express either approval

of its teaching, or dissent therefrom. The adoption of such practice by such a man does, however, prove one fact, which will be useful to the future historian of disease, viz., that during the middle of the nineteenth century diseases of acute inflammatory nature bore with impunity a treatment consisting of the most vigorous stimulation. Should, as there appears good reason to anticipate, the revolving cycle bring us in another quarter of a century to an opposite state of things, this fact will not be without its value.—*Med. Times and Gaz.*, Aug. 29, 1857.

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Treatment of Acute Rheumatism.—We believe we may safely write it, that the opinions of London physicians are rapidly coming into general concurrence in the rule, that the treatment of acute rheumatism should be by one or other of the salts of potash. Dr. Barlow remarked the other day to his class that he had lately been trying the bicarbonate, so strongly recommended by Dr. Fuller, but that he found it, as a rule, less efficient than the acetate, his former favourite. He felt no doubt, however, that both were useful. Especially in the most acute class did he prefer the acetate and nitrate to the bicarbonate. Very probably there may be varieties of the rheumatic diathesis, in which one or the other salt is more useful than its congener, the base, potash, being the ingredient essential to all. A combination which we have ourselves got into the habit of prescribing is, of the nitrate eight grains, of the bitartrate fifteen grains, and of the acetate a scruple, given well diluted, in a single dose every four hours.—*Ibid.*

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Senega in Cases of Heart Disease.—Dr. Barlow remarked the other day to his class at Guy's respecting the usefulness of senega in chronic bronchitis, that he had noticed it to be of especial benefit in those cases in which the pulmonary affection was complicated by aortic valvular disease. It had come to be a clinical rule with him in all cases in which the pulse indicated regurgitation to order this remedy, and he always found that it acted with much greater efficiency than in instances of simple bronchitis. The formula ordered was an ounce of the decoction of senega with half a drachm of nitric ether every four hours.—*Med. Times and Gaz.*, May 2, 1857.

Clinical Lecture on Incomplete Paralysis of the Lower Extremities, connected with Disease of the Urinary Organs. By T. Spencer Wells, F.R.C.S., Lecturer on Surgery at the Grosvenor-Place School of Anatomy and Medicine.

Gentlemen: I wish to direct your attention to-day to a very important affection associated with disease of the urinary organs. I allude to an incomplete paralysis of the lower extremities—a form of incipient, or rather imperfect, paraplegia—which is by no means uncommon, and which I believe to be increasing very much, especially among the younger men of our day. I say I *believe* it to be increasing, but this is a point it would be very difficult to prove. There are many diseases which some believe to be more frequent now than heretofore, which are in all probability only more frequent because we have so lately learned to recognize them—such as pericarditis and endocarditis, Bright's disease, and pyæmia. Again, some men are apt to think a given disease on the increase because they happen to have a run of similar cases, either from pure accident or from one patient introducing another. I have endeavoured to guard against these sources of fallacy. I have read a great deal that has been written on paraplegia. I have compared notes with many men in large practice, and I have come to the conclusion that the form of paraplegia I am about to describe is more common than it used to be, and that it is increasing among us.

My attention was first directed to this disease in 1845. Since then I have had eleven cases under treatment, and have seen occasionally about thirty others. Some of the latter were very probably ordinary cases of paraplegia depending upon softening, atrophy, or some other disease of the lower portion of the spinal cord. This disease will be fully described to you by my colleague who occupies the medical chair; but in the cases I allude to the paralysis is not dependent on spinal disease, and it is closely associated with diseases of the bladder, of the kidney, or of both. And here let me at once guard you against another source of fallacy. In all cases of paraplegia from injury or disease of the spine the bladder participates in the debility, and after a time it empties itself imperfectly—a little urine remains behind every time that urine is discharged—the mucous membrane of the

bladder falls into a state of chronic irritation and viscid mucus or muco-purulent matter is thrown off from its surface. This acts as a ferment in the urine, leading to the decomposition of some of the urea it contains, and the evolution of carbonate of ammonia by the very simple chemical change I explained to you in former lecture. Here the urinary disease is merely secondary. It is only one of the effects of spinal disease. In the cases I allude to the urinary affection is the first noticeable point of departure from the state of health. If not actually the primary disease, it by no means plays the secondary part of the urinary affection in ordinary cases of paraplegia.

When a patient comes to you with a tottering gait, complaining of weakness in the knees, a tendency to stumble in going up and down stairs or on any uneven ground, and a certain loss of that muscular sense which enables us to walk without watching the feet to know where to place them at every step, your first impression will be, very naturally, that you have to deal with a case of spinal disease. Your first impression may be correct. As you proceed with your examination of the case you may obtain evidence of some injury to the spine, some distortion of the bones, some displacement from caries of the bodies of the vertebræ or ulceration of the intervertebral cartilages, some point at which pressure or a sharp tap, or a hot sponge, causes pain—some history of inflammation of the cord—some indication of the pressure of a tumour, or of an aneurism on the cord—or possibly some proof that the disease is within the cranium. But you may find nothing of the kind. You have to exclude all these, and you are driven to assume a diseased condition of the lower portion of the cord, perhaps a simple atrophy, of the existence of which you have no other proof than the paraplegic symptoms I have just enumerated. Let me convince you then that you may have all these symptoms, that they may go on to complete paraplegia, and the patient may die, and that then you may find the cord perfectly healthy, so far as our examination can teach us, while the kidneys and bladder are the seat of manifest disease.

Rayer, in his great work on the diseases of the kidneys (vol. iii. p. 168), says: "The development of paralysis after diseases of the urinary passage is even now a fact unknown to a great many physicians." I think the observation would apply to many English as well as French physicians, though Mr. Stanley published accounts of several cases of paralysis following nephritis so long ago as 1833, in the 18th vol. of the *Medico-Chirurgical Transactions*. His paper is entitled, "On Irritation of the Spinal Cord and its Nerves, in connection with Disease of the Kidneys." He narrates cases of disease in the kidneys existing in connection with tenderness of the spine and paralysis of the lower limbs, which were, in consequence, treated as cases of disease in the fibro-cartilages and bodies of the vertebræ. I will read you four of these cases in Mr. Stanley's own words:—

"The first of these cases to which my attention was directed occurred in the year 1818, in a man admitted into St. Bartholomew's Hospital on account of paraplegia combined with retention of urine. Both sensation and the power of motion were entirely lost in the lower limbs. On examining the spine, tenderness on pressure was discovered at the third lumbar vertebra, which, viewed in connection with the other symptoms, was considered to indicate the existence of disease in the vertebræ, and an issue was accordingly made in this part of the spine. Considerable amendment of the symptoms followed. Sensation and the power of motion were in a certain degree regained, and the retention became changed into incontinence of urine. Here the improvement ceased, the general health failed, and he gradually sunk.

"On a careful examination of the body, no disease could be discovered in the containing or contained parts of the vertebral column; the vertebræ, fibro-cartilages, spinal cord, and nerves were all perfectly sound, as were also the brain and its membranes. In one kidney were numerous small abscesses dispersed through its substance. The other kidney was gorged with blood, and its substance was much softer than natural. The mucous lining of the ureters and of the bladder was very vascular, and the muscular coat of the bladder was thickened.

"The next case occurred in 1821, in a man aged 35, admitted into the hospital on account of partial loss of the power of motion both in his upper and lower limbs, which had commenced about a month previously, and was supposed to originate in disease of the cervical vertebræ. He suffered besides

from irritation in the bladder with occasional inability to expel the urine, which was mixed with some puriform fluid. In about six weeks from his admission, his health gradually declining, he died.

"On examining the body, both kidneys were found gorged with blood. In the substance of one kidney there were small depositions of pus. The muscular coat of the bladder was thickened, and its mucous coat very vascular. No morbid appearance was discovered in the brain or spinal cord. The vertebræ and their fibro-cartilages were perfectly healthy.

"For the particulars of the following case I am indebted to an intelligent friend, Mr. Henry Hunt, of Dartmouth.

"A gentleman, aged 28, fell upon his back and bruised it, from which, however, he recovered in a few days. Some weeks afterwards, when very hot from violent exercise, he was suddenly chilled by exposure to a current of cold air. During the following night he was seized with severe pain in his loins, which was to a certain extent relieved, and principally by abstracting blood from the part. With the continuance of pain in the back, he began to lose feeling and the power of motion in his lower limbs. The pain in the back was increased by pressure, but was not influenced by the application of a hot sponge. He gradually lost almost all power of moving and feeling in his limbs, with the ability to retain his urine, and in this condition he died.

"On examination of the body, one kidney was found to consist of a mere sac distended with pus, and in the other kidney were several small abscesses. There was no disease in the spine or in any other part of the body.

"I next mention the brief particulars of a case which was furnished me by the late Mr. Horwood, of Gosport, whose life was destroyed by cholera whilst he was engaged in the zealous performance of his professional duties.

"The patient having suffered a fall upon his back, which was followed by paralysis of the lower limbs, his complaint was, in consequence, considered to be disease of the spine, and the appropriate treatment was adopted and continued to the time of his death.

"The appearances on dissection were, abscesses in both kidneys, thickening of the coats of the bladder with enlargement of the prostate gland. The thoracic and abdominal viscera were healthy. The brain and spinal cord were healthy, excepting an unusual vascularity in the membranes of the latter below the first lumbar vertebra. There had not been the slightest suspicion of disease in the kidney, the pain in the back having been wholly referred to the disease which was supposed to exist in the spine."

It is very possible that in some of these cases the urinary disease was secondary, and that there may have been some unobserved softening of the spinal cord, but they nevertheless have great interest in connection with this subject.

In a fifth case paralysis of the lower limbs, at first partial, afterwards complete, loss of the expulsive power of the bladder, paralysis of the sphincter ani, severe pain at the fifth lumbar vertebra and fever followed a severe gonorrhœa, and proved fatal in about a fortnight. Here no morbid appearance was found in any part of the spinal cord, while minute deposits of pus were found in the kidneys, and the mucous membrane of the bladder was very vascular and partly covered by coagulable lymph. In a sixth case a sudden attack of paraplegia followed a gonorrhœa, and the post-mortem appearances were very similar to the last case. Mr. Stanley then states that Mr. Hunt, of Dartmouth, had attended four cases of disease of the kidneys, in which the symptoms simulated those of inflammation of the vertebræ; and Mr. Hunt alludes to cases of disordered uterus, "combined with loss of power in the lower limbs in such a degree that the patients were wholly confined to their beds;" adding that "by the subsequent and perfect recovery of some of these patients it was clearly proved there had been no change of structure in the parts to which the symptoms referred, as the source of irritation." At some other time I may, perhaps, say more about paraplegia in women depending on uterine affection. At present I will only remark incidentally that such paralysis during pregnancy may be explained by pressure on the sacral plexus, while at other times after the blood has been drained from the body through the uterus it results from a deficient supply of blood to the cord. In some cases it has been observed after sudden suppression of the catamenial or lochial discharge; and it has been proved that then the cord and its membranes have

been congested. But more frequently than all these, it may be only one of the manifestations of hysteria. I only allude to these cases now to show you that neither in the male nor in the female must you assume the existence of spinal disease from the mere occurrence of paraplegia.

In Cruveilhier's *Pathological Anatomy* you may find a full report of the case of Sanson, a celebrated French surgeon. He died in 1841, after having suffered for more than a year from paraplegia. For several years before the attack of paraplegia he had suffered from enlarged prostate, difficulty in passing water, and then a calculus. Cruveilhier says: "M. Rayer and I could not understand the importance of the coincidence of a disease of the urinary passages and the paraplegia, a coincidence to which Mr. Stanley was one of the first to direct especial attention." Chomel, Rayer, and Cruveilhier were present at the post-mortem. Extensive disease of the urinary organs was observed, but the vertebræ and spinal cord were perfectly healthy.

Lallemand, in his work on involuntary seminal emissions, has recorded many cases in which the patients were feeble or vacillating in their limbs, and afterwards subjects of incomplete paralysis of the lower extremities. I do not question for a moment that paraplegia is a common result of frequent seminal emissions, voluntary or involuntary; indeed, it is undeniable that the frequent agitation of the nervous system, so caused, does lead to chronic inflammation and softening of the cord, with paraplegia, as a necessary consequence. But any one who will read Lallemand's cases carefully will see that, in several of them, the paralysis was consecutive, not to disease of the genital, but of the urinary organs, such as chronic affections of the prostate, and subsequent nephritis or pyelitis.

In Dr. Neligan's edition of Graves's *Clinical Lectures* you will find a case in which chronic gonorrhœa, exposure to cold, and drinking whiskey was followed by pain in the back, dysuria, and paraplegia. A stricture was found in the urethra, which was dilated; and Dr. Graves says, that a few days after the introduction of the first catheter power returned to the lower extremities in a remarkable manner. The patient left the hospital in little more than a month, having recovered complete use of his limbs, and passing his water perfectly well.

Last year Dr. Raoul Leroy d'Etiolles published a work on Paraplegia, in which he records a great number of cases he has collected in the hospitals of Paris, or has observed in private practice, proving beyond dispute the very frequent occurrence of gonorrhœa, cystitis, enlargement of the prostate, retention of urine, and nephritis, as antecedents of paraplegia—a recovery of power in the limbs as the condition of the urinary organs improved—and in fatal cases, all the appearances of severe inflammation of these organs, while the brain, cord, and vertebræ were perfectly healthy. Many of his cases are extremely interesting; but time does not permit me to enter into their details. I trust, however, I have said enough to convince you that, while on the one hand disease of the urinary organs is constantly caused by paraplegia, so on the other paraplegia is frequently consecutive to disease of the urinary organs.

The next steps in the inquiry are, What is the nature of the urinary affection? and, How does it lead to paraplegia?

Now, in attempting to reply to the first question, I can say very little from my own observation, as I have not had an opportunity of making a post-mortem examination. But you will remember the state of the urinary organs described by Mr. Stanley in his cases. In these, and in many of the cases narrated by M. Leroy d'Etiolles, either one or both kidneys presented very evident signs of disease. In the acute cases there were all the marks of severe inflammation, with the formation of numerous small abscesses in the substance of the kidney. In more chronic cases the mucous membrane of the ureters, and of the pelvis and calices of the kidney, have been principally affected. It has been found soft and thick, coloured by injection in various degrees, and distended by purulent matter. The bladder has been found in every stage of disease, from simple injection of the mucous membrane to ulceration and perforation on the one hand, or hypertrophy and thickening on the other. The prostate has been found diseased very frequently, sometimes simply enlarged, and then the enlargement was mostly due to hypertrophy of one of the lateral lobes; or there has been that sort of transverse valve formed by the central portion, which we so frequently find as offering obstruction to the passage of a catheter. In some cases it was found full

of pus, or small multiple abscesses were disseminated through its tissue. Sometimes the traces of an instrument which had traversed the gland were seen. Nothing very important was found in the urethra; but several patients had had strictures dilated during life.

Then, as to the next point. How can all this cause paraplegia? Here I must remind you of the anatomical connections and physiological relations between the spinal cord and the great sympathetic nerve. You know that the vertebral portion of the sympathetic consists of a number of ganglia, united together by branches which pass from each ganglion to the one above and the one below it. There are twelve of these dorsal ganglia, four lumbar, and four or five sacral; and every one of them communicates with the corresponding spinal nerve. Some anatomists have even fancied that they have demonstrated the *origin* of the sympathetic to be in the spinal marrow. You know that the urinary organs are largely supplied with branches of the sympathetic. Here, then, is a direct path of nervous communication between the kidneys and bladder and the spinal cord. It is by this communication that the well known influence of the spinal marrow upon the secretion of urine has been explained. Injuries of the vertebræ, concussions or compressions of the cord, and inflammation of the cord or its membranes, are all followed by the secretion of alkaline urine, or the development of ammonia in the bladder, while the bladder itself is more or less paralyzed. The ready explanation has been that the sympathetic nerves supplying the kidneys and bladder did not receive their normal influence from the spinal cord through the spinal nerves. You may say we know all this, but what has it to do with the opposite action of the urinary organs upon the spinal marrow? Hear what Mr. Stanley said on this point before we heard much of Prochaska, Marshall Hall, and the reflex function of the cord.

"It might be thought improbable that irritation commencing in the kidney or in the bladder should be propagated through sentient nerves to the spinal cord, and that the impression should thence be transmitted through both the motive and sentient spinal nerves to the limbs, here occasioning an impairment both of sensation and of the power of motion. Some illustration of this subject seems to be furnished by the following researches of experimental physiology. If in an animal, 'a few seconds after it has been deprived of life, the spinal cord be then divided in the middle of the neck, and again divided in the middle of the back, upon irritating a sentient organ connected with either isolated segment, muscular action is produced, that is to say, a sentient organ is excited, and an irritation is propagated through the sentient nerve to the isolated segment of the spinal marrow where it gives rise to some change which is followed by an impulse along the voluntary nerves to the muscles of the part.* In the instances which have been adduced, irritation commencing in the nerves of an internal organ, the kidney or bladder, has been transmitted through the spinal cord to the motive and sentient nerves of the limbs; but the same phenomena may occur in an opposite order, as in the case of a compound fracture or other severe injury of the lower extremity followed by retention of urine, from irritation arising in the anterior crural and ischiatic nerves, and communicated through the lumbar and sacral plexuses of spinal nerves to the nerves of the bladder."

When we obtain a more exact knowledge of the reciprocal influence exerted by the spinal cord and the sympathetic ganglia upon each other; when we can determine what power the sympathetic receives from the cord, and what power it communicates to the cord—we may obtain more definite notions on these points. But I think what I have said is enough to show that if you disturb the normal condition of the sympathetic nerves supplying the kidneys and bladder, you need not be surprised at an alteration in the condition of the spinal nerves, with which the disordered sympathetic nerves communicate, or in the condition of the muscles which derive their motor power from the spinal nerves whose relations with the sympathetic have been disturbed.

But another explanation may be offered. I need hardly tell you that when you have disease of the kidneys, even if only their excretory functions be disordered, the nervous system may suffer in another way. The blood is not purified as it ought to be from the constituents the kidneys should remove from it, or it is modified by the removal of

* Outlines of Human Physiology, by Herbert Mayo, edit. 3d, p. 231.

constituents the kidneys should not remove. In this case the nervous system suffers in common with the whole body, from the abnormal condition of the fluid on which its nutrition depends, and it occasionally suffers before other organs, or to a greater degree than they do. But I think we must have something more than this to connect urinary disease with paraplegia as cause and effect. You want to account for the lower extremities only—not the whole system—suffering, and you cannot do so very satisfactorily by chemical changes in the blood.

Then I should not omit to mention another reason for supposing that the sympathetic nerve plays an important part in this form of paraplegia. Gastric derangement is generally a very early symptom. Throughout the course of the disease it is usual to find a fissured, furred, slimy tongue; relaxed, turgid fauces; capricious appetite; alternations of want of appetite and voracity; thirst; a great tendency to eat fast, almost to *bolt* food; uneasiness, flatulence, and distension after eating, and constipation. These gastric symptoms are often far more troublesome to the patient than the weakness in his legs, or the bladder affection. Admitting the influence of the sympathetic, you can explain them readily enough by the intimate connection of the renal and solar plexuses without bringing chemistry to your aid.

I am by no means certain that the gastric derangement is not occasionally the first departure from a state of health which is noticed. The surgeon does not very often see these cases in their early stages, and when the patient comes to him he finds the disease has come on so gradually that no very accurate history of its commencement can be obtained. The usual history you get is somewhat as follows: The patient at some period between the age of twenty and thirty-five finds that he does not pass his urine so easily as he used to do. He is longer about it. It requires some effort, and a few drops are apt to dribble away after he supposes that he has done. He sees the stream is not projected with such force as before, that it does not fall far from the penis. Perhaps he has had gonorrhœa once or several times, perhaps not. In either case he becomes uneasy, and consults a surgeon, fancying, perhaps, that he has a stricture. A catheter is passed, and the urethra would be said by most men to be free. There is no stricture. The urine passes in a free jet through the catheter, showing that the bladder preserves its contractility. But a surgeon who has been on the watch for these cases would probably find some slight obstacle at the prostate. For the most part, however, the patient is assured there is no stricture, and then on seeking for some cause to explain the urinary derangement, it is found that the stomach is out of order, and the patient is sent to one of the "stomach men." He goes through a course of dinner pills, bitters, acids, or alkalies, bismuth, creasote, or oxide of silver. He is kept on dry bread and mutton chops, or a milk diet, or a vegetable diet, or is fed on sausages and cheese, as the case may be. Still he gets no better, and he is sounded again. The urinary symptoms persist. Probably the urine is becoming a little turgid, and there is more frequent desire to pass it. Still there is no stricture, and the surgeon recommends a holiday. The patient goes to the sea-shore, or to some German bath, or perhaps tries the water cure. Very likely he improves for a time, and fancies himself almost well. He really *may* be well, and remain so, or he may again lead an irregular life, and then after some cold, or fatigue, or excess, finds himself as bad as ever. He or his friends have noticed that he is becoming "shaky." He tires soon. He becomes fretful and unhappy. Perhaps he fancies that his generative organs participate in the derangement or debility of the urinary organs. Then after a time the weakness of the lower limbs becomes apparent. His legs feel heavy to him. His feet are habitually cold and numb. His knees are apt to give way as he goes up or down stairs. He finds a stick or a friend's arm necessary in the streets. He is observed to walk awkwardly, the feet wide apart, the toes very much turned out, and there is no spring in the foot. It is lifted by the leg, as it were, and put down heavily—as the flexors seem to be weaker than the extensors. There is no loss of sensibility in the limb, so far as you can discover by pinching or pricking it, but there is a loss of muscular sense. The patient does not know where his feet or legs are unless he can see them. Perhaps there may be some shooting pains occasionally in the limb, which you may hear called neuralgic, or rheumatismal. They are sometimes as sudden as electric shocks.

As the disease goes on the urinary derangement increases, the abdominal muscles become weak and relaxed, the digestion is more impaired, flatulence becomes more troublesome, there is always constipation, and the sphincter ani becomes weak—not to such a degree as to cause incontinence of feces, but an incontinence of flatus, which often worries such patients excessively, as you may readily imagine. On questioning them closely as to when they first noticed the weakness in the legs, you will scarcely ever get any satisfactory information. It came on so imperceptibly that it was impossible to fix a date. But they can all fix the period as long after the urinary and gastric derangement, perhaps one or two, perhaps three, four or five years. One of my patients first noticed it when running a race with me. We were in the country, returning from a walk, and I proposed to run to the house. He laughed, and asked me if I knew that he was one of the fastest runners in England. However, we ran, not at all fast, and I kept up with him; and he has told me since that that was the first time it occurred to him that his legs were becoming weak. This was three years after he had been examined for stricture, and had gone the usual round of dyspeptics.

As to the termination of this state of things I cannot tell you very much. I have never yet seen the end of a case, so I can say nothing as to the post-mortem appearances from my own observation, but I have told you before what others have found in cases somewhat similar. I have not seen a case further advanced than the condition I described just now. I could point out three or four now who have been in this condition, sometimes improving a little, sometimes declining again, for four or five years. I know others who have gradually regained their strength, and two especially who have married and have children. In one of these cases the paraplegia was so far advanced in 1845, that he could not walk without support. He used to be lifted on to a pony, and a friend walked beside him to support him. The urinary and generative organs were seriously affected; yet he was sufficiently recovered in 1849 to marry. A friend of mine attempted to commit suicide in 1847, from the distress of mind caused by his increasing debility; yet I met him lately walking briskly up St. James's Street, and he did his duty like a man against the Russians, both in the Baltic and the Black Seas.

Now, to be enabled to distinguish this form of paraplegia from that depending on spinal disease, you must remember the sort of history of the case as I have just described it, and compare this with the history of injury or disease of the vertebræ or intervertebral cartilages, or inflammation of the cord and its membranes, and bear in mind the following characteristics of the disease I wish you to recognize. They may also help you to make the more difficult diagnosis between this form of paraplegia and that depending on simple atrophy or softening of the lower portion of the cord.

1. Some impediment to the discharge of urine is one of the earliest symptoms.
2. This is closely connected with obstinate gastric derangement.
3. The weakness in the limbs is rather extreme debility than paralysis.
4. The tactile sensibility is slightly, if at all, impaired, but the muscular sense may be almost lost.
5. The limbs are tolerably well nourished. They may be thin, but there is no marked muscular atrophy, and their temperature is very little lowered.
6. The sphincter ani is not paralyzed, though it may be weak.
7. The bladder preserves some degree of contractility.
8. There may be no pain in the back, and no pain on pressing the spinous processes or applying a hot sponge to them.
9. The degree of weakness in the limbs varies with the state of the urinary organs. Great amendment will sometimes rapidly follow catheterism and the removal of any obstruction to the free discharge of urine.
10. In the early stages of the disease there is no history of convulsions, cramps, spasms, formication, or violent neuralgic pains.

Now, looking to disease of the urinary organs, in general terms, as the first sign of departure from the state of health, it may be as well to go a little further, and say that some impediment to the discharge of urine is the first thing to attract much attention, that this impediment is some engorgement or enlargement of the prostate, and that one or more attacks of gonorrhœa, or some sexual irregularity or excess, may often be

made out as the causes of the prostatic disease. The impediment once established, it is easy to comprehend the occurrence of irritation of the bladder, and propagation of the irritation to the kidneys.

Then as to the causes of the supposed greater frequency just now of this form of paraplegia. The opponents of tobacco say that paraplegia is an effect of smoking in excess, and offer as a cause of the supposed increase of paralysis an alleged increase in the use of tobacco. How much truth there may be in this I cannot say, but I would advise you always to insist upon paraplegic patients giving up smoking; not that I have seen any very marked ill effects from smoking in moderation, but that it is well to be on the safe side. It is so difficult to draw the line between moderation and excess, or to prevent moderation from running into excess, that total abstinence is the better course. I think, however, the harm smoking does is rather by putting the stomach out of order and keeping it so, than by any specific action on the nervous system. Occasionally you will find patients so miserable and irritable without tobacco, and so much soothed by it, that it would be absurd to adhere rigidly to the rule of abstinence.

Another explanation offered is the excessive use of cold water, which, of late years, has followed the introduction of hydropathy. And there may be something in this. The water cure is, and has been, practised by educated and judicious physicians, but it is, and has been, practised by ignorant and rash charlatans; and patients, thinking they cannot have too much of a good thing, have often done much more than they were told either by doctor or quack. I have seen several cases in which numbness of the lower part of the body and thighs, persisting for days or weeks, has followed prolonged sitz-baths, especially what is called the "flowing sitz," in which a stream of cold water is made to flow round the buttocks and thighs of a patient sitting in it. It is well that you should bear this in mind, and, while using cold water to the extent of exciting reaction, and as long as it is followed by a healthy glow, to caution patients against it when they feel cold, or shivering, and their hands or feet are numb, which will happen to some people after even a simple sponging with cold water.

You will take into account, then, both tobacco and cold bathing as causes of paraplegia, but without attaching too much importance to them. I am disposed to attach much more importance to sexual irregularities—the occasional excess and occasional abstinence—which follow the state of celibacy, or the late marriages of the present day. The excessive luxury of our age brings its own punishment with it. If young ladies cannot wear a dress which costs less than twenty guineas; if they are not content with dressing *themselves*, but will assist in carrying about a preposterous cage of hoops and rings four times the size of the human figure, and covering this with silk at a guinea a yard; if they will spend five or ten guineas on a bonnet which affords neither shelter nor warmth to the head; they cannot expect a moderate man to ruin himself with milliners' bills, and need not be surprised if he shrinks into his solitary bedroom, and lives at his club. If young gentlemen must spend thirty or forty pounds a year in cigars; if they will drink claret and champagne; if they must have a "trap" or a hack, at the very least; if a stall at the opera is indispensable, and the pocket not very deep; it is very clear that nothing is left for a wife and children. If parents of moderate means who have brought up their children respectably, will not allow their daughters to marry a man who has to make his way in the world, but insist upon a house, and servants, and carriage, we need not be surprised at the number of old young ladies and old young men we meet with everywhere; and we need not be surprised at the physical evils which flow from such an unnatural state of society.

Lastly, as to the *treatment* of this disease. If you see a case in its very early stages, take care to remove any obstruction to the free discharge of urine. Use bougies until a full-sized instrument passes freely, and then endeavour to correct anything that may be acting injuriously upon the general health. Give such rules as to diet, exercise, residence, clothing, bathing, and change of air, as will tend to restore any lost vigour. Attend carefully to the condition of the urine, and regulate your medicinal treatment accordingly. Put your patient on his guard as to the possible progress or return of his disease, and you will not do your duty, as I believe, without advising him earnestly to marry.

When you have a more advanced case to deal with, the condition of the digestive or-

gans will be a primary consideration. The tendency to constipation must be overcome, and I think a daily enema of warm water answers better than any dinner pill or aperient draught. If you do give pills, avoid aloes, as they are apt to increase the urinary irritation, and saline purgatives for the same reason. Gregory's powder is as good an aperient as you can use. An elastic belt, worn round the abdomen, will tend to make up in some degree for the weakness of the abdominal muscles, and help to remove one of the causes of constipation. Then, as to the state of the stomach, I believe you will do more good by careful diet than by any medicine. I have seen every kind of remedy tried, and very little good done by any. Lately, two of my patients have taken pepsine, but without the slightest benefit. What really does good is a thorough change of life—a long sea voyage, mountain air, warm bathing, and a course of some one or two mineral waters.

The "grape cure," as it is called, I have known to prove very beneficial. At Meran in the Tyrol, and some other places, patients are kept, while the grapes are ripe, almost entirely upon them and bread. A little weak broth and rice is also given, but bread and grapes are the staple articles of diet. You will see at once how likely so complete a change of food is to modify—and modify for the better—the condition of the digestive and urinary organs. Besides, the life in the open air, the quiet, and hope all act beneficially; and I can strongly recommend six weeks of the grape cure in the autumn after a summer at some of the mineral waters and warm springs.

Take a case still more advanced. The feebleness of the limbs is extreme—the patient can walk a mile or two, perhaps, but the gait is tottering, the urine is loaded with mucus or muco-pus and the phosphates; it soon becomes ammoniacal after it is passed, and there is frequent desire to pass it. Attending to what I have said as to the earlier stage, other things will suggest themselves now, such as strychnine, galvanism, opium, steel, cantharides, and the medicines which have a specific action on the mucous membrane of the bladder.

As to strychnine, I have seen it tried in small doses, and I have seen it carried on till its characteristic effects have been produced. I have seen it do harm, but I never saw it do any good whatever. Galvanism, or electro-magnetism, on the contrary, I feel quite certain is of very great utility, but it must be used perseveringly. You may either send a pretty strong current through the weak muscles for a few minutes every day, or the patient may wear one of the little portable batteries sold by Mr. Meinig, with a pole fixed to each limb, so as to keep up a constant mild current day and night. Opium is of great utility in relieving the general irritability, and the irritability of the bladder in particular. Iron may be useful, as in ordinary cases of debility, but in the form of muriated tincture, and in combination with cantharides, it is sometimes followed by surprising good effects. In one case the good effect was so sudden and remarkable that I was almost led to accept the supposition of Dr. Seymour, that cantharides by its diuretic action tends to remove serum effused into the spinal cavity. In other cases I have seen the mixture of cantharides and iron tend to the restoration of great contractile power to the bladder, and relieve the frequent desire to pass water. I learnt the use of it accidentally from witnessing the good effects of one of the "Balms" or "Elixirs" sold by those Pariahs of our profession, who fatten upon the fears they set up and the diseases their vile books create. The usual dose is fifteen minims of the muriated tincture of iron, and half a drachm of the tincture of cantharides, twice or three times a day.

As to the medicines which have an astringent action on the mucous membrane of the bladder—buchu, uva-ursi, chimaphila, and pareira brava—they are to be looked on as mere palliatives, and the last is the only one that I have much confidence in. It is very useful when there is great irritability of bladder, and a copious deposit of muco-purulent matter in the urine. You may give half a pint, or even a pint of the decoction daily, with opium or hyoscyamus if necessary. When the earthy phosphates are also deposited freely, you will find the diluted phosphoric acid very useful, and you may give this in half drachm doses in the decoction of pariera. If the deposit is more of the mixed phosphates the benzoic acid answers better. A favourite draught of mine is five to ten grains of benzoic acid, and half an ounce of mucilage, in two or three ounces of the decoction of pareira, with either twenty or thirty minims of tincture of hyoscyamus, or ten or fifteen of the

solution of bimeconate of morphia. If the muco-purulent and phosphatic deposits increase to such a degree as to offer obstruction to the escape of urine, you should wash out the bladder every day with warm water. This gives great relief, and if the irritability of the bladder is excessive after you have washed it out, you should inject five minims of the diluted hydrocyanic acid of the Pharmacopœia in four ounces of warm water, and leave it in the bladder. The soothing effect of this is remarkable, and you may thus obtain several hours' comfort for your patient, even in the very worst cases.

You may remark that I have said nothing about the so-called nervine tonics, sulphate of zinc, oxide of silver, and so on. The reason is, that I have no faith in them. Your great object in these cases is to set the urinary organs to rights, to get the digestive organs into good order, and then to gain time for the restoration of the lost strength.

I shall only detain you a few minutes longer, to add a word or two as to the mineral waters or warm springs which are likely to be most useful. A course of some aperient water, as Ems or Carlsbad, should be taken first, and then a chalybeate should follow. The Schwalbach springs are very good ones, varying in strength, so that the patient can begin with the weakest. Dr. Struve's imitations of all these waters are very good, and you may use them if the patient cannot go abroad. Of the warm springs for bathing those at Wildbad and at Gastien have the highest reputation. The water at both is simply warm distilled water, so far as chemistry can teach us, but the effects are certainly different from anything we see after warm baths in this climate I passed three weeks at Gastien this autumn, and saw a great many paralytic cases there, and whether it is the mountain air, or the warm water, or whatever it may be that that does good, the practical fact for you to know is that such cases do get better there, and get better in a very extraordinary manner, so that in obstinate cases you will be fully justified in urging your patients to pass a few weeks there.—*Medical Times and Gazette*, Nov. 14, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Excito-Secretory System of Nerves.—Two new claimants to priority of the discovery of the excito-secretory system of nerves have recently appeared. First, Dr. I. Adams Allen, late Professor of Physiology and Pathology in the University of Michigan, and second, Dr. Martyn Paine, Professor of Physiology in the University of the city of New York.

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Pathological Society of Philadelphia.—A society, with this title, has recently been organized for the cultivation of morbid anatomy, and the following gentlemen elected officers for the ensuing year:—

President.—S. D. Gross, M. D.

Vice-Presidents.—R. La Roche, M. D., and A. Stillé, M. D.

Secretary.—J. Da Costa, M. D.

Assistant Sec.—Thomas Morton, M. D.

Treasurer.—A. Hewson, M. D.

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Winter Retreat for Invalids.—We would again invite the attention of persons desiring a residence in a mild climate to the winter retreat opened by Dr. N. D. Benedict, at Magnolia, East Florida.

Magnolia is situated on the St. Johns River, about twenty five miles south of Jacksonville, in about the same latitude with, and about twenty miles west of St. Augustine. It is a country place, with only half a dozen dwellings besides the "Magnolia House," which, while it is immediately on the river and near the steamboat landing, is also on the border of the unbroken pine forest, where the walks, rides, and hunting-grounds, are well sheltered, even in windy weather. The river, which here widens into a lake, is attractive for sailing, rowing, and fishing, and the neighboring creeks, embowered in dense woods, are smooth and tranquil when the river is rough. There is also a warm sulphur spring near by, which is useful in rheumatic and dyspeptic affections.

The Magnolia House, which is conducted as an ordinary boarding-house, is well adapted to the purpose for which it was designed. The rooms are large and airy, well-furnished, and amply provided with fire-places. The provision for the table, and the attendance generally, are not inferior, it is believed,

to the best appointed hotels. Horses for exercise and hunting, and boats for fishing and excursions of pleasure, can be obtained, and a billiard table affords in-door amusement.

The access to Magnolia, from the North, is by steamship from New York, and by railroad to Charleston and Savannah; and by safe and commodious steamboats from Charleston on Tuesdays, and Savannah on Mondays, Wednesdays, and Fridays, reaching Magnolia on the following days. These steamers are new, spacious, and elegant, and commanded by competent and experienced officers. The journey may be made from New York in four days, at an expense of little more than thirty dollars.

FOREIGN INTELLIGENCE.

Conviction for the Sale of Chloroform in Paris.—M. Plisson, pharmaceutical chemist, was charged before the Correctional police with having sold thirty drachms of chloroform, a poisonous substance, without assuring himself of the name and residence of the purchaser, and without receiving a physician's prescription for the same. The person who bought it in part inhaled it and in part swallowed it, and died while being taken to an hospital. M. Plisson was sentenced to six days' imprisonment and a fine of 1000 francs.—*Med. Times and Gaz.* Nov. 21, 1857.

New Military Hospital at Vincennes.—The Minister of War has just constructed a magnificent hospital at Vincennes, embodying all the ameliorations which modern art and experience have realized. It is placed in the most advantageous part of the forest, at about four miles distance from Paris. The portion of the land on which it stands, being the gift of the Emperor, has been disforested. The works, commenced in April, 1856, are nearly completed, so that patients may be received whenever it is deemed convenient. The hospital consists of three principal buildings. One of these is placed parallel with and at a distance of about 150 metres from the high-road, while the two others join it at right angles, thus forming an anterior court 120 metres by 90, containing a garden and a basin of water. The centre building, of a richer style of architecture than the others, gives accommodation to the officials of the establishment. The two lateral buildings are each terminated by a pavilion, one of these being destined for sick officers, and approached by a separate staircase; and the other for the sisters, who are now employed in the military hospitals in the same way as in the civil. A magnificent arcade with glass sides serves as well for a promenade as for a means of communication between different portions of the edifice. This is the first military hospital in the construction of which a complete system of ventilation and warming has been carried out, the present plan having been chosen after mature consideration of the various systems proposed. On account of its greater economy heating by steam and hot water has been preferred. The system of ventilation is calculated to supply 30 millimetres of pure air per bed and per hour, with the power of doubling this quantity in case of epidemics or other cause. The establishment occupies about 8 hectares of ground, the buildings themselves standing on 4,350 square metres. It has been erected from the designs of M. Livet, Lieut.-Col. of Engineers, and is intended for 600 patients; and its total cost will be about 2,400,000 francs—a far less sum than civil establishments of similar importance usually come to.—*Ibid.*

New Journal of Physiology.—Dr. Brown Sequard has sent us the prospectus of a journal of physiology, of which he is to be the principal editor, and which is to be published quarterly, on the 1st of January, April, July, and October—each number to contain from one hundred and sixty to two hundred pages. He is to be assisted in his enterprise by Drs. Ch. Robin, Ch. Rouget, and Tholozan, &c.

His journal, in addition to pure physiology, will embrace—1. Organic chemistry, hygiene, toxicology, and legal medicine, in their relations to physiology. 2. Descriptive anatomy, comparative anatomy, teratology, and normal and pathological histology, so far as they illustrate physiology. 3. The applications of physiology to the practice of medicine, surgery, and obstetrics.

The subscription will be 18 francs, at Paris, payable in advance.

We invite the attention of the profession in this country to this Journal. It may be obtained through I. Pennington & Son, of Philadelphia.